	_													
1	PATI	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
L	Effective December 8, 2004									10/36/659				
CLAIMS AS FILED - PART I National State Processing SMALL ENT									<u> </u>	Alimoton Alvaredo				
L			(C	(Column 1)		Perstagal Specialis (703)-885-6821		TYPE	YTITY	ol	Andrew Street	HAMMA HAMMA		
U	S. NATIONA	AL STAGE FEE	5				7	RATE	FEE	了'	RATE	FEE		
B/	SIC FEE		SMALL	SMALL ENT. = \$ 150		RGE ENT. = \$ 300	1	BASIC FEE	157) OF	BASIC FEE	+		
Ð	MINATION	FEE	Satisfies P (4) =	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		other situations = \$ 100 / \$ 200	-	EXAM. FEE	156		EXAM. FEE	 		
SEARCH FEE			ALL other	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	-		
FE	E FOR EXTRA	A SPEC. PGS.		minus 100 =		/50 =		X \$ 125 =	-	1	X \$ 250 =	 		
то	TAL CHARGE	ABLE CLAIMS	14	/4/ minus 20 = ,				X \$ 25 =	-	OR		 		
INDEPENDENT CLAIMS			1	/ minus 3 = ,			1	X \$ 100 =		OR	X \$ 200 =			
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT	· · · · · · · · · · · · · · · · · · ·				+ \$ 180 =	 -	OR	+ \$ 360 =			
11	the differen	ce in column 1 is	s less than z	zero, enter "0	in c	olumn 2	1	TOTAL	150	OR	TOTAL	 		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID F	n 2) ST ER JSLY	(Column 3) PRESENT EXTRA		SMALL I	ADDI- TIONAL FEE	OR	OTHER SMALL I RATE	ADDI- TIONAL		
	Total	•	Minus	**	<u> </u>	=		X \$ 25 =	122	OR	X \$ 50 =	FEE		
	Independent		Minus	***		=	ŀ	X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ì	+ \$ 180 =		OR	+ \$ 360 =			
							Ļ	TOTAL ADDIT. FEE		ĢR	TOTAL ADDIT.			
		(Column 1)								ı	FEE			
4		CLAIMS	T	(Column		(Column 3)	_			_				
O INCIDENT		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Fotal	1	Minus	**		=	ſ	X \$ 25 =		OR	X \$ 50 =	·····		
	ndependent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+\$360 =			
					**		ī	OTAL ADDIT. FEE		OR L	OTAL ADDIT. FEE			
					_ .	· · · · · · · · · · · · · · · · · · ·			•					
K t	the entry in colum	mn 1 ie lace was #-	anto de					•				·		
K	the "Highest Nur	mn 1 is less than the mber Previously Paid	फांग्युशा column For th THIS S	12, write "0" in co SPACE is less tha	kumn (an '20',). enter "20" .				•				

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.